

CHECKLIST GUIDE
FOR COMPLETING FORM SMA-162
APPLICATION FOR CERTIFICATION TO USE OPIOID
DRUGS IN A TREATMENT PROGRAM UNDER 42 CFR § 8.11

1. Form SMA-162 completed and signed by the program sponsor. The sponsor is the individual, or agent of an organization, who bears responsibility for assuring compliance with the requirements of the Federal Opioid treatment standards under 42 CFR § 8.11. ☐
2. A description of the current accreditation status of the OPIOID Treatment Program (OTP) including the name and address of the accreditation body and the date of the last accreditation status.
3. A description of the organizational structure of the program. A chart indicating the position and title of key personnel of the OTP, which includes the name, and complete address of any central administration or larger organizational structure to which this program is responsible.
4. Provide the names, addresses, and a description of each hospital, institution, clinical laboratory, or other facility used by the OTP program to provide the necessary medical and rehabilitative services.
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5. A medical director is designated to assume responsibility for administering all medical services performed by the program. If the medical director of this facility is also the medical director for another treatment program, enclose a written justification for the feasibility of such an arrangement. This feasibility shall address the portion of the medical director's time spent in the treatment of unrelated medical patients, memberships on boards and committees that compete for time allocated to the treatment programs.
6. Provide the name and address of any facility other than the primary dispensing site where methadone or LAAM will be dispensed either on a regular basis or on weekends, and as a service to the treatment program.
7. List the names and State license numbers of individuals (other than physicians) licensed by law to dispense narcotic drugs even if they are not at present responsible for administering or dispensing methadone or LAAM. These would include pharmacists, registered nurses, and licensed practical nurses.
8. Enclose a tentative schedule which shows (1) dispensing hours, (2) counseling hours, and (3) hours to be worked by physicians, nurses, and counselors. Any work to be performed away from the primary dispensing site, should also be stated. The program must be open for dispensing at least six days per week.
9. A list of the sources of funding, including the name and address of each governmental agency providing funds.
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10. A diagram and description of the facilities to be used by this program. Demonstrate how the facilities are adequate for drug dispensing and for individual and group counseling. The application shall specify how the OTP will provide adequate medical, counseling, vocational, educational, and assessment services, at the primary facility, unless the program sponsor has entered into a formal documented agreement with another entity.
11. Describe the number of patients who will be treated by the program when it is operating at capacity.
12. Provide an affirmative statement that the treatment program will use containers having safety closures for all take-home medication dispensed to outpatients.
13. Provide a copy of the application to the accreditation body to which your program has applied, including the date on which your program applied for accreditation, the dates of any accreditation surveys that have taken place or are expected to take place, and the expected schedule for completing the accreditation process.